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TYPE SMALL ENTITY ISSUE FEE 09/09/2004 NO \$1330 \$300 \$1630 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 2832 336-200000 MAI, ANH T 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the ITIMOTHY W. MARKISON names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. 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